

Date: _____

**Notice of Eligibility and Rights & Responsibilities
(EMERGENCY PAID SICK LEAVE ACT)**

The Emergency Paid Sick Leave Act (the “Act”) was enacted by the Federal Government in response to the coronavirus disease 2019 (“COVID-19”) pandemic. The Act is effective from **April 1, 2020 to December 31, 2020.**

Part A – NOTICE OF ELIGIBILITY

Employee: _____

- Full-time Part-time Varied schedule

Employer Representative:

On _____, you informed us that you were unable to work due to a Need for Leave because:

- (1) You are subject to a Federal, State or local quarantine or isolation order;
- (2) You have been advised by a health care provider to self-quarantine;
- (3) You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis;
- (4) You are caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in subparagraph (2), above;
- (5) You are caring for a minor child (under 18 years old) whose school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions; or
- (6) You are experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

This Notice is to inform you that you:

- Are eligible for (*See Part B for Rights and Responsibilities*)
- Are **not** eligible because:
 - _____
 - _____
 - You are employed as a “healthcare provider” who is exempt from the benefits of the Act.

- You are employed as an “emergency responder” who is exempt from the benefits of the Act.

If you have any questions about the information provided in this form, please contact or view the Families First Coronavirus Response Act posters located in

Part B – RIGHTS AND RESPONSIBILITIES FOR TAKING EMERGENCY PAID SICK LEAVE

As explained in Part A, you meet the eligibility requirements for taking Emergency Paid Sick Leave under the Act, as provided below:

- Full-time employee with Need for Leave (1), (2) or (3) – two weeks (up to 80 hours) of fully paid time off (up to \$511 per day and \$5,110 in the aggregate).
- Part-time employee with Need for Leave (1), (2) or (3) – fully paid time off (up to \$511 per day and \$5,110 in the aggregate) for the typical number of hours that you work in a typical two-week period.
- Varied schedule employee with Need for Leave (1), (2) or (3) – fully paid time off for either: (i) subject to clause (ii), a number equal to the average number of hours that you were scheduled per day over the 6-month period ending on the date on which you take paid sick leave, including hours for which you took leave of any type; (ii) if you did not work over such period, the reasonable expectation you had at the time of hiring of the average number of hours per day that you would normally be scheduled to work.
- Full-time employee with Need for Leave (4), (5) or (6) – two weeks (up to 80 hours) of two-thirds your regular pay (up to \$200 per day and \$2,000 in the aggregate).
- Part-time employee with Need for Leave (4), (5) or (6) – the typical number of hours that you work in a typical two-week period at two-thirds of your regular pay (up to \$200 per day and \$2,000 in the aggregate).
- Varied schedule employee with Need for Leave (4), (5) or (6) – two-thirds of your regular pay for either: (i) subject to clause (ii), a number equal to the average number of hours that you were scheduled per day over the 6-month period ending on the date on which you take paid sick leave, including hours for which you took leave of any type; (ii) if you did not work over such period, the reasonable expectation you had at the time of hiring of the average number of hours per day that you would normally be scheduled to work.

REQUIRED DOCUMENTATION

In order to receive Emergency Paid Sick Leave, **within five (5) days of your initial absence**, you must provide your employer with documentation that:

- You have been diagnosed with or are caring for a family member diagnosed with COVID-19**

A letter or note from a health care provider that specifically states your name or your family member's name and diagnosis of COVID-19, including a start date and estimated return to work date will satisfy the documentation requirement.

- You have been ordered or advised to Self-Quarantine or Isolate**

Documentation from a local, state or federal agency, a medical professional, office, or hospital or proof that the employee was recently in a location where the recommendation by a governmental agency is to self-quarantine will satisfy the documentation requirement.

- You cannot work or telework due to a School or Child Care Closure**

A letter or communication from the preschool program, elementary, secondary school, childcare center, or local, state or federal governmental agency will satisfy the documentation requirement.

RESPONSIBILITIES

- While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (*Indicate interval of periodic reports, as appropriate for the particular leave situation*).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on your certification form, you will be required to notify us at least two (2) workdays prior to the date you intend to report for work.